HYPERVISIBLE INVISIBLE 60 minutes

**Pauline:** 3CR acknowledges the Wurundjeri people of the Kulin Nation as the custodians of the lands from which this community broadcasts. We pay respect to the ancestors and elders of this place. And honour the sovereignty that was never ceded.

Hi there, you're listening to Hypervisible Invisible: Psych Abolition and Migrant Health Sovereignty with Hamile Ibrahim. I'm Pauline Vetuna, the Disability Day Worker for 3CR. In the next hour, you're going to hear part of a long interview that I did with my Kenyan sis, Hamile Ibrahim, who has been informally advocating for disabled Africans. In her family and local community, for most of her life. That's my description of her, not an official bio.

Hamile has lived experience of chronic conditions, and spends an enormous amount of time assisting fellow community members. I really like talking to Hamile about ableism and saneism that Black disabled migrants in this place experience, because she's someone who really understands the ways that these systems affect the most economically and socially marginalised Black people in the society.

**Pauline:** Before we get to that interview, I want to explain how this interview discussion came about. So back in 2021, the final report of the Royal Commission into Victoria's mental health system was tabled in a special sitting of the Victorian Parliament. Then last year Department of Health commissioned advice to the Minister for Mental Health on how their government could formally acknowledge harms in the mental health system.

This became known as the State Acknowledgement of Harm project. Its task was to advise the Minister for Mental Health on how to formally acknowledge harms, in Victoria's mental health system. The project engaged a reference group of 10 consumers, survivors, family members, carers, and supporters. They also did private consultations with people from LGBTIQ+ First Nations, Disability, and other communities.

They spoke with international experts on human rights, mental health, restorative justice, truth and reconciliation processes, and reparations. All in an effort to draw on evidence for best practice, acknowledgments from around the world. What came out of this? The 'Not Before Time' report, released this year.In order to begin this report, they first had to define what harm is.

**Pauline:** Colonisation, harmful practices, denial of personhood. The list of harms goes on. But there was one of them that stood out to me more than the others, and that was use of force. The report says,"Force pervades the mental health system.

It can start with entry into the system through a police van, or can end with a police shooting. Force is written into the law and culture of our system. Seen most visibly through the use of seclusion, restraint, and compulsory treatment. These practices are not ceasing as they should.".

When I was reading this report, I was immediately taken back to many conversations I've had with Hamile about the various forms of harm she has witnessed disabled Africans subjected to by state agents.

The report contextualised for me many of the things I know. Black migrants with psychosocial disabilities living on or below the poverty line experience here. So I immediately sent the report to Hamile, and the interview I will play for you now is our discussion following our read of the report, but also branches into the economic marginalisation, anti-Blackness, and saneism and ableism combining, and the reality that that creates for disabled Africans.

**Pauline:** And now a content warning. This is a discussion explicitly about state violence against disabled people, racist violence, ableism, and saneism. There are also mentions of suicide and family violence. Please use discretion before listening, and take care of yourself whilst doing so.

So Hamile, the other time we were on the phone, we were discussing the Not Before Time report. And we went through the definitions of harm in that report. There was Colonisation. There were harmful practices. Denial of personhood. Narrow biomedical approaches.

Abandonment. Use of force. Unlawful practice and denial of justice. Denial of lived expertise. Invisible families, carers, supporters, exploitative use of carers, I think was the last one.

And so, I wanted to have a discussion specifically about use of force today. So could you talk about how use of force manifests for disabled African migrants who live below the poverty line? And maybe also explain the role Afrophobia and anti-Blackness plays in the deployment of carceral responses to mental health episodes, both in public and private spaces? And if you could also talk about how saneism and ableism are ever present in all of this?

**Hamile:** Okay. Oh, that's actually a really layered and great question. Thank you. The first thing that popped up in my head when you said use of force was an image of an African woman with multiple forms of psychosocial disabilities. It is a suburb, which is home to a lot of disabled African people, both children and grownups, mainly African women with psychosocial disabilities.

**Hamile:** I'm specifically thinking both bipolar and schizophrenia and also, a majority of them being also single mothers, and her being tackled to the ground by a non-Black man as she was having a distress call and just in front of her home.

And getting tackled because she appeared unsafe as he yelled for the bystanders to call the police. Because she was still resisting at the time when the cops came, they pepper sprayed and tasered her. The repercussions of that force. The repercussions of that on her life and the interruptions of that to her life and her family's life and her child's life.

There was a case of child protection taking her kid away because there was no adult in the home when she was taken. And no one told us where she was being taken. And that is just one of them.

There's been multiple cases of the response to someone exhibiting signs of having a mental health episode or any type of behaviour that doesn't seem to be orderly according to the norms within which we live.

The response to that is always being them being met by violence, whether that is violence from the civilians or violence from the police. And the disappearance of African folks from their homes or places of work, from their places of worship or from the shopping centre.

**Hamile:** Force is something that is very much central to any type of response that they get that can be both from the state and also from anybody else. Because anti-Blackness and Afrophobia, there is a thing about people deputising themselves to act as police and regulate Black behaviour. Specifically, when that behaviour is not fitting the norms or they're not abiding by how they should be able to move and act in the community.

In the southeast, those who have been on the receiving end of that have primarily Black children, but specifically boys and also disabled Black people, specifically those with psychosocial disabilities, even as recent as the past 10 days.

**Hamile:** There was an incident where an African man was at a bus stop, and he was just smiling and laughing and speaking and having, just I guess a conversation with themselves. People being terrified and absolutely petrified by that.

The response to that being him being surrounded by four men and then the cops being called on him and the police taking him away in a car. No one knows where he was taken. No one knows that person's family. No one knows whether he's safe or not.

That is just something that is such a norm in terms of how disabled folks are being treated and not just by the state and agents of the state, by non-Black people, but then also within their communities and also in their own homes. I don't know if that answered the question.

**Pauline:** As you were speaking, I realised that even though we're speaking about use of force by police, by the state, against Africans with psychosocial disabilities, the bigger context that this violence plays out in is one that polices poor people. And I recall an example of a man who passed away as the result of mutual obligations. During the earlier days of the pandemic. So that's policing of welfare recipients and that includes disabled Africans. Could you talk about this?

**Hamile:** Yeah. So, this is an uncle who at the start of the pandemic was told by the Jobseeker agency that he was assigned to telling him that he needed to come in for, his appointment. Because I think every fortnight there is an appointment.

And if you don't meet those appointments, then you don't get the payments. And so he had no intentions of going because he legitimately had fear of the virus as, as he should, as all of us should. And he reluctantly

He has to catch two buses to make it. And so he attended his appointment and he was going back and there was a non-Black person who was in a group of people and they were just laughing and joking and spit at him and kept saying, "I have COVID, I have COVID" and all these things.

This is at a time where not everyone was masking and this was before masks were mandatory. He was in buses with people that were not masking. He was in places with people who are not masking. And he is someone that also had underlying health issues, even though that's not like, yeah, I'm sorry.

**Hamile:** I'm trying not to cry. So he found out three days later that he was positive with COVID. I think one thing that it's really important to add is this is also an uncle that is isolated from, he doesn't have access to community and he doesn't also have relations here and all his immediate family members and loved ones are either in a refugee camp in Ghana or there were people that some of his relatives had gotten refuge to a different country.

But here in so called Australia, he didn't have access to community. He was alone and he unfortunately passed away because also, he himself did not know that he had, I think they called it underlying health issue. And he passed away from that. I can't separate his death from the death of Auntie Belly Mujinga, who was a Congolese woman in the UK who died after being spit.

She was a rail worker and she was spit at. She worked I think, as a customer service or something like that. At a train station in the UK and she was spit at. Her and her colleague was spit at. Her colleague ended up, not passing away with COVID, but Aunty Belly Mujinga did, leaving, her really young daughter and husband behind.

**Hamile:** Yeah, and I think that is something that I really sit with a lot because it's not an isolated incident. There is a lot of violence from non Africans to Africans in the South East, especially those who are on the receiving end of those violence as being disabled people.

There has been so many cases of actively and intentionally trying to get a reaction out of someone that is disabled, even when they know that, hey, this person doesn't like that, whether it's fireworks or this person doesn't like loud music or whatever the case is, and then going out of their way to do those things and just get a reaction out of them.

And then when they're going through a mental health distress, either calling the police on them or trying to police them themselves. It always makes me come back to this quote by Frank B. Wilderson. I'm probably butchering his name where he says "policing Blackness is what keeps everyone sane.".

And he did pass away, that uncle did pass away, I think he was the first person that we knew in the South East that did pass away from COVID. But then after him, there was so many other disabled Africans specifically, who passed away from COVID. And also we did have cases of people who died by suicide that are disabled in the South East.

**Pauline:** It's a lot, yeah. It's a lot. I can't hear the term mutual obligations anymore without thinking specifically of that uncle and what happened to him and. Punitive welfare programs really do a lot of harm in more ways than, people could imagine.So in addition to having to deal with all of that, there's also this issue of housing.

And I want to talk about housing because I know that, poor housing, housing instability, exacerbate disability rates. And even force people into public spaces like shopping centres. Could you talk about the safety and the accessibility of rentals?And specifically how it relates to this issue of safety and health for disabled Africans.

**Hamile:** A lot of the homes in the South East, unless you are in a financial situation where you are able to like remodel, or you are able to buy the new homes that are popping up.

If that's not the case, a lot of the homes in the South East are in a very poor condition. And the homes that a lot of the Africans that can afford, specifically the disabled folks because they are the poorest, they're just multiply marginalised. The homes that they're able to afford are in a very poor condition.

**Hamile:**  And these are homes that are decaying, homes that have mould. And their health has been exacerbated to a point where they are now having respiratory illnesses or people that are, there is a high rate of folks being diagnosed with asthma and things like that, mainly because of the conditions of those homes. And also something that is heartbreaking is also a lot of these homes, folks are not able to open windows.

So it has really poor ventilation. I think with mutual aid, we saw this mutual aid, I think we lost about nine people. And I can promise you like six of those people, they lived in a house where they couldn't get fresh air into their house via the window.

All the windows were not windows that you could open. These are also homes when it's summer, it gets really, really, hot. It's also homes where if you need mobility aid and things like that, you will have to buy the equipment yourself. And even then it's not guaranteed that it's safe for you because of just how the homes have been built and just how old they are and the poor conditions within which they're in.

**Hamile:** But then also you can't afford to move away. Because A) of the current rental market that we all live in, you can't compete with somebody that is working full time and the kind of income that they have in comparison to you that is on Centrelink. You can't compete with someone like that because the agents or the landlord always picks them over you and then B) a lot of us are not able to move.

And I'm even thinking of myself, the house that my family live in, the condition of that house, similar thing. Like when unfortunately I contracted COVID two years ago. One of the things that I really struggled with was that I cannot leave the room that I was confined in, because my mom and everybody else that I live with in that house is all people with underlying health issues. And so I can't put them at risk. I also can't stay in that room because the place that I was staying in, I can't open the windows.

We don't have windows. It compounds the illnesses for you because you just, you don't have any form of respite because on one end you have fear of, okay, I don't want to harm anybody else that is living here with me who are more vulnerable than I am. But then also simultaneously, my lungs on fire and I can't do anything about them.

And then on top of that, that is compounded by you already being asthmatic. It's just, It's heartbreaking on so many levels. We can't afford to move due to obviously our financial, my financial situation. That's the same for every single person that I can think of. You have no choice but to just live where you are living, and that is the reality of a lot of, disabled African people.

**Hamile:** Because disabled African folks are multiply marginalised, and on the peripheries of an already, marginalised community, because again, the South East area is home to a lot of, poor Africans. People who are in a really horrible and heartbreaking, material precarities.

And that's how it's very rare to find someone that just has one form of psychosocial disability. There is that, and then that is compounded by, okay, they also have other illnesses or they also have I don't know whether it's, I think there's someone that has lupus, and also has schizophrenia and those are the ones that are already diagnosed and then there's a lot of undiagnosed cases due to the relationship that Africans or Black folks have with the medical industrial complex in general.

Yeah, material realities are such that even when the houses or the homes are not accessible in any way whatsoever, and people are coming up with ways to make the condition work for them by whether it's buying like mobility aids. So people are buying ramps to make their condition work for them because the alternative doesn't exist.

**Hamile:** And the alternative doesn't exist because of the financial precarity that you live in. And that is also for... It's a bit messed up to say, but that is also a privileged position because it's a lot worse for those who don't have access to community because even though things are not all rosy, there has been a lot of cases where those who have access to community, the communities all come together and put money or resources together to be able to buy things to modify the rentals that they're in, in order for them to be able to get around and that hasn't been the case for those that don't have access to that.

The real estates don't do anything. They don't do anything about that. They don't care. Those of us that are renting private, the landlords know you're desperate and you don't have an option. They don't feel like obligated to do anything about the condition. There is also the fear of okay, this is just my situation.

I have to manage it because the alternative is very scary or the unknown is very scary. Yeah.

**Pauline:** There's one more thing that relates to this topic of housing and also relates to the report that we were discussing up top, which is the issue of housing being so, you know, unsafe or unbearable for whatever reason that people are forced into public spaces like shopping centres and then shopping centres being carceral sites. Could you talk about that?

**Hamile:** Yes, absolutely. Yes. That is really, really true. And I will even go and say the same for park because the parks have also been places where a lot of our folks have felt that they can go to get respite away from the situations that they're in. And that situation can be housing or can be DV.

And unfortunately, those have also been sites of violence for them. And even in the shopping centres or even at the park, there has been cases where people have gone to just go and hang out at the mall because it's a respite for them. And they don't even have to be people that have, whether diagnosed or undiagnosed, psychosocial disabilities or mental illnesses.

Anyone exhibiting any behaviour that is deemed distressing, or that is deemed scary, or that is deemed not the norm, has been meted with violence. And there's been so many cases of disabled African folks who are just at the shopping centres. Pacing up and down or trying to, or just like- whether they're experiencing paranoia or they're having an episode or not, there has been so many cases of them getting tackled by a shopping centre security.

**Hamile:** There has been so many cases and there's been cases of the police or specifically the PSO ones, pepper spraying them and tasering them and that has led to actually someone spraining their ankles or fracturing their hand because of the sheer force that has been used in attempting to contain them. I'm actually thinking of this uncle who was on a call. He was using, is it AirPods?

Yeah, he was using AirPods and it wasn't visible and he was just speaking and animated just like the way our people speak and there was a person there that was just threatened by this African man being on the phone. The cops came and he was tackled to the ground aggressively.

He was pepper sprayed and tackled to the ground aggressively. And he did chip his tooth and also he did lose his teeth in that. And he was taken away and the family did not know where he was taken away.

And this is a thing that is a very reoccurring theme where African folks can be disappeared from their community or from their homes. Cause there's been also a situation where a Somali man was taken away from his home and there was also a situation where a Somali man was also taken away from his place of work.

And this is actually my auntie's husband was taken away, from his place of work at a factory and the cops just came and took him away. And when, they take our folks away, there isn't a communication about where they're taken and why they're being taken. And then we just find out that they're being incarcerated at some psychiatric ward where they also experienced forms of abuse and violences.

**Hamile:** There's been cases of sexual assault. There's been cases of people being restrained and there's been cases of people being forcefully medicated. There's been cases of and it's not just, they get incarcerated in the mental health hospitals in Dandenong or Berwick. There's been cases of Africans being taken from the Dandenong, Noble Park, Doveton area, and then finding out that they've been incarcerated at a hospital in Sunshine or at a hospital in Box Hill.

And that's really far, especially for people who don't move away from the places that they feel comfortable and safe at, even though that safety is relative. Yeah, there's been a lot of cases like that.

So there isn't a place where, whether it's in their homes or in shopping centres or even at the park, there was an incident at the park where a African woman in sometime this year, August, where she was tackled to the ground and tasered by the cops because also someone made a call to the police.

Because this is a woman that was just talking to herself and just laughing and just not doing anything to harm anyone whatsoever and someone felt feeling very threatened by that and the cops coming and, the response being her being tasered and pepper sprayed.

**Hamile:** This is not the first time that it has happened to this auntie. It's not the second time. It's not the third time. I think in the last year alone, this is probably the sixth time that this has happened. And she has a long history of being in and out of the, psychiatric carceral places. Again, there is this desire to discipline.

There is this desire to obviously... I understand how the Blackness and Afrophobia, structurally means that people have bought into these ideas of thinking specific things about Black people, specific things about African people, and wanting to, police Africans and or Black folks in general and wanting to regulate their behaviour, especially if it's not within the social order of things.

But then when you compound that by ableism and saneism, the notions around people with mental health illnesses or people with psychosocial disabilities and people who are not acting in ways that we want them to act. And then when you compound that, then.

The realities of it is there's so much violence, both from the state and the agents of the state, but then also from everybody else who, A) wants to regulate Black behaviour and Black life, but then also compound that by the ableism and the saneism that is deeply embedded and inherent in our communities and in our societies.

**Hamile:** And then the result of that, it's literally what's happening in the southeast. And the sadness of that also is how, even though we constantly see how, not just the institutions, or the agents of the state or the, even like, regular people, strangers or family members or relatives or husbands or et cetera - are all acting in ways and moving in ways that are creating interruptions that have significant impact on Black disabled lives.

Even though we are seeing all these things about how the consequences of saneism and we are seeing how Black disabled folks deal with both ableism and saneism that is compounded by anti-Blackness and Afrophobia. We are also met by invisibility.

I don't know if I'm terming this well, and I think what I'm trying to say by invisibility is - I'd really want to be clear that the pathologising of disabled folks is not just only by the state and agents of the state and non-Black people or non African people.

t's also by us Africans and the invisibility of that, where we know these things exist. We know there is a disappearance of disabled Black people from or disabled African folks from their homes, from their places of work, from their places of worship, from any place that they get respite from the violences.

**Hamile:** Or from the harms that they're experiencing in their homes, whether that is because of just the unsafety of the housing situation, or whether that is also the family and the domestic violences that exist that, they're being met at in their homes. So when they seek respite in places like the park or the places like shopping centres, and then those places also being sites of violences for them.

And I do understand that the structural logic of anti-Blackness and Afrophobia makes sure that there is no place that is, quote unquote, safe for Black people. And when we say places are, "oh, this is a public space", I do understand that when they say public, it doesn't have us in mind. I do understand that. It's not made with Black people in mind. I do understand that.

But also, there is something very insidious and heinous about ways that Black African folks also collude with agents of the state and also with those who deputise themselves to regulate Black life to also further cause interruptions to the life of disabled African folk, and then also further collude to invisibilise them and that experience and act like nothing has happened. Every single time someone has been disappeared in the public by the cops due to them having an episode or them seemingly distressed.

**Hamile:** There will be people that will stand for a minute or two to just be like, "oh yeah. Oh, okay. They're crazy. They're mad". Or "that's just an unwell person. That was a dangerous person". And then we move on with our life. And this is including of the Black people. This is also including of the Africans. Not just non-Black folks. I don't know if I'm answering the question.

**Pauline:** Yeah, I mean, I'm really glad you brought up the point of invisibility, because that also connects to the topic of data. And something we've talked a lot about is the lack of good population data when it comes to certain demographics, demographics of migrants, certainly when it comes to disabled migrants.

Especially disabled Africans. And of course, data can be weaponised and it can be obtained unethically. Research in general can be done in ways that don't serve those of us who are marginalised. However, the absence of data altogether doesn't serve us either. So, could you talk about why that needs to be rectified?

**Hamile:** Absolutely. I think, we've always known how data is weaponised to pathologise different groups and all these things you've, hinted at and mentioned. And we've seen this especially with COVID and the reporting, especially here in so called Australia. We know that data has been and will forever, I guess, be routinely weaponised to pathologise people.

All that stuff is true. But then also it's very, very difficult, Pauline, to speak about how the precarity of disabled African people. It's very much in terms of them not having access to their own medical data or diagnosis, or even the intersectionality of saneism and poverty and Blackness. And queerness and all that stuff.

All those things, it's really difficult to talk about all that, or even thinking through how the state responds to precarity or to marginalise d people who are experiencing multiple forms of oppressions or interlocking systems of oppression and the consequences of that materially without having to be asked that, "okay, so what are the data that are supporting this hypothesis?" Or things like that.

There is a thing, especially, I guess, because of, again, thinking about structural logics of anti-Blackness, where, there is a demand of evidence. To support anything that you're saying in terms of the lived experiences of those who are being oppressed and specifically within this conversation, disabled Black people, it's impossible to talk about any of that stuff without someone being like, "okay, what's the data, where is the data?", about these things.

**Hamile:** And when we don't have anything, don't have any data whatsoever to speak about the ways Africans are being pathologised. or to speak about their experiences in psychiatric wards, we absolutely don't have anything to fall back on when discussing how the system employs care to harm us under the guise of care.

And also it's impossible to talk about surveillance and all these things without being like, "Hey, this is the data that supports things that we've been living through", things that we are living through and things that we experiencing when that data doesn't exist.

It's easy for people to be like, "Oh yeah, cool, whatever", and just turn the other way. And I understand that there are performances of Blackness, which are the only way that Black people are allowed to enter the frame, whether it's us being criminals or being unsafe or being, I don't know, helpers or forgivers or whatever the case is. When we don't have data, then that's how we have all these things.

We have cases of people passing away via suicide because of. The first medication that they've been on, because they just got released from psychiatric wards and all these things that have shown up, which has led them to feel like they've lost independency and all these things.

**Hamile:** We've had so many cases of African folks who have died by suicide literally less than a week after being released from psychiatric wards. There's been also cases of people being misdiagnosed and, also over diagnosed. All these things exist. So it's very difficult to talk about how we appear or disappear from the frame, who gets seen and why, or.

The roles that these institutions have, the consequences of psychiatric incarceration and the interruptions of life that is caused by the multiple forms of oppression that disabled African people experience. We have no data to fall back on.

We have absolutely nothing to go with and nothing to quote unquote prove or to legitimise the experiences of African people that are going through what they're going through in the south east and I'm specifically saying south east because I'm pretty sure it happens elsewhere, but my experience of very much located in the south east, so it's hard for me to speak about it for African folks that live, I don't know, throughout Melbourne or Victoria.

**Hamile:** When there is no data, it's very easy for people to just, to disappear. It's very easy for all these forms of interlocking oppression, the experiences of being just on the peripheries. of marginalised community. All these things, it's easier for people to look away even within the community.

**Hamile:** There is nothing that exists that is concrete, makes it possible to be able to connect the dot between the interruptions of life in terms of people losing their children to the system, to people losing their jobs because they were disappeared from their places of, whether it's from their homes or they've just been disappeared from the community and they weren't able to let their employer know.

People not being able to also get the kind of payment that they should be on. And there is also nothing whatsoever about being able to get folks to really understand the weaponisation of saneism and ableism in the context of DV and family violence. When there is no data, that invisibility is something that is very immediate.

That invisibility is also something that is very much seen as a norm. It's not seen as something that is "Oh, you're not being seen". And it's also incredibly difficult to advocate for the lives of African disabled people. It's very difficult to be able to talk about how all the things that they're experiencing, or, for them to even advocate for themselves.

**Hamile:** And I know it's hard to say that for them to advocate for themselves when there is issues of barriers to language. When there is no data, it's also very difficult to talk about how we are all implicated. And it's also very difficult to go from how I'm speaking now generally to the specific when talking about saneism and how that intersects with Afrophobia and anti-Blackness.

Yeah, I think also when... I'm trying to be very careful. It's also really hard to talk about what is it that we are afraid to name. And I'm saying this specifically because there has been a lot of cases where there's been an incident of people seeing anti Black violence in the form of the agents of the state and punishing disabled African folk and feeling uneasy with that, but not necessarily digging into that and questioning that or voicing that.

But when we don't have statistics for Africans, and we don't have any data around health, around DV, around how many folks are being turned away or whose payments are being stopped by Centrelink and all these things. It's really, difficult when there is no data to talk about the exclusion and the oppression.

It's difficult not to talk about it as an isolated thing, because it's hard when you are trying to be like, "yeah, this happened to this uncle here. And then that happened to that auntie. And then this happened to the other auntie last week.". And there is this needle that is being threaded and dots that are being connected. But because of lack of data, and because of people not seeing it as, "Oh yeah, maybe it's an, it's a systemic issue.". It makes it then very possible to collude with the state in its policing and oppression of disabled African people.

**Pauline:** As you were speaking, I just found this note that I wrote from the last time we spoke. And it's a quote of you. And you said, that "Death is constantly being shrouded, by the internalised Afrophobia, the internalised anti-Blackness, by the ableism, and the saneism that is fully embedded in our own communities and our own homes.

So the state, institutions of the state, and people who deputise themselves as agents of the state, Can also come and violently harm disabled African people. There is no data where there is no data. We are further pushed to the peripheries and we are invisible. And it is so hard to visualise the invisible when you have nothing to back it up.".

Something I think about a lot is how we can start to break down this internalised saneism, internalised ableism in migrant communities of colour. And I say communities of colour because I know this is an issue in many communities, although today. You know, you have your lived experiences being African and being in community with disabled Africans.

So, what we want, what you and I want, and I think what all people committed to, freedom and justice for all people want, is to break down this internalised saneism and ableism, so that people who currently are experiencing abuse and not having their needs met can connect to material support, to housing, to health services, built by peers that are culturally safe.

**Pauline:** In my mind, there is so much work that needs to be done in this area. But we really do have to tackle that root saneism and ableism. I think both at the grassroots level, the highest levels of government and policy formation, and everything in between that.

And you know, I look at, the fine example of Aboriginal community controlled health organisations, and also young disabled Aboriginal people when I think about this stuff, because, in comparison to Black disabled migrants, there is an organisation dedicated to advancing the interests of disabled Aboriginal people. I mean, it exists, period. As well as, informal networks of care amongst young disabled Aboriginal people.

So to me there seems to be a greater understanding amongst Aboriginal people working in health of the need to at least acknowledge ableism and saneism, in conjunction with race. I may be wrong about that, but it just seems to be there's more of a conversation happening there. So, with that, we know that care outcomes can't improve without this understanding. And, to my mind, there needs to be something like a RISE Refugee, like an advocacy organisation, because RISE Refugee is an advocacy organisation that does mutual aid that is run by and for ex detainees, refugees who have survived the immigration prison system in so called Australia.

**Pauline:** There needs to be a grassroots group that is run by and for Africans and other migrants who are poor, who have psychosocial and other disabilities, trying to survive these carceral health systems. And I also look to The Unemployed Workers Union, and the work of, the Anti Poverty Center, which are also run by and for the people they represent.

At the same time that they challenge, both state harms and the harms of the not for profit industrial complex. My final question to you is, what do you think about this? And, how do you think the saneism and ableism you described should be challenged by those of us who see and experience the violence that stems from it, but also have the capacity to advocate when many of our kin, many other community members who face even worse violence and precarity don't have that capacity?

**Hamile:** That's a great question and it's something that I don't even know if I have an answer for. I've, been really thinking about that and sitting with that. I've come to the realisation, and I think the pandemic was the catalyst for that for me, I've come to the realisation that disabled Black folk have never had any access to any type of right or any sort of right, and there probably would never be.

That has been a very tough realisation because I'm understanding that Black people have always existed outside of right. And I'm thinking about the work of Saidiya Hachman and the human and the frame and who enters the frame and who gets to enter the frame and how they're seen in entering the frame and all that stuff.

I think for disabled African folk. One thing that have come to understand is of course, pathology, not just from the state or because of like how Blackness or Black life is seen by the state and institutions of white supremacy and whiteness in general, outside of that, I've also come to just realise that there is a way.

There's a specific type of pathology that we ourselves pathologise disabled African folk in our own communities. I think when there is the reality that saneism and ableism is deeply embedded in our, it's deeply, embedded in our communities and it's very much deeply embedded in our homes. In all aspects of our lives, then the reality of that is that there is a desire to either silence or hide the disabled within our own homes, right?

So there is the interlocking systems of oppression and domination that disabled folks in the community in the south east are facing the state and agents of the state aside, there is also ways that the type of saneism and ableism that exists, are also in the community or in their home, in our homes, are also interrupting the lives of disabled folks.

**Hamile:** And a really good, great example of that would be the weaponisation of people's spirituality. To monitor them, coerce them into not taking medications or not going along with the mental health plan that they have because of the experiences that they're currently having or their illnesses being as such.

Or for various reasons, or it being also them being possessed by evil spirits. I think within my community, I think we call it, they've been possessed by jinn. That's what we say. And it's been also very much interesting to see that type of like mentality, literally having specific type of effects in the lives of the disabled person.

There has been cases where people have legitimately refused to take medications and have refused to go along with their mental health plan and do the things that they're doing to help themselves and I'm thinking specifically in the cases of this because of like those with schizophrenia that I'm in community with and for them they have been told that this is a sign from God, because I don't know, you did a major sin, or this is, for you to be an example, or because you are spiritually weak and all these things.

And so the consequences of that have been people not taking their mental health or their psychosocial disability serious, and (not) doing things that would put them in a position of being in a better health because of how they have been manipulated. Spirituality has been weaponised against them and they have internalised this thing where "I am the way I am because I went against God, I sinned against God".

**Hamile:** And this has been something that has been very evident in the cases of elderly disabled uncles that are queer. I'm thinking of one of my uncles who doesn't have any one whatsoever. He doesn't have any relations with anyone whatsoever because of homophobia. And him being pathologised both as a gay man, but then also pathologised because he's also a disabled person who has both psychosocial disability and also requires mobility aid, in cases like that, where they have been met with such violence where their sexual identity has been weaponised against them.

And they've been told that you are the way you are. You are facing all these quote unquote demons because you went against God. And this is God punishing you and using you as an example for the rest of us. And for someone that has internalised that and has a lot of guilt associated with being cut off from the family, all and all these things. So he's someone that sees his mental health struggles, but then also his physical disability as being "yes. This is actually a sign from God that I have, sinned.".

**Hamile:** And so there's been a lot of cases where spirituality gets weaponised against people. That exist. When people legitimately interpret.Psychosocial disabilities or mental illnesses as a curse or punishment from God. And instead of seeking either psychiatric help or medical help, they get coerced into leaning more into the faith because seeking medical help is seen and regarded as spiritual weakness.

That has also had an effect of how disabled African people are able to move around and, the measures that can be put in place for their healing. And so ableism and saneism is something that is very much embedded in our communities. Ableism and saneism are both the reasons why a lot of people feel okay with the violence that disabled African folks are being meted by. And it's also the reasons why people are not - I don't know if it's speaking out is, the word, but are not resisting.

Like I'm thinking, folks being disappeared away from their homes, even though that is also complicated due to the relationship that a lot of us have with authority and how we see agents of the States, a lot of like trauma around that because of the places that we come from.

**Hamile:** A lot of us are people who have got refuge here because of civil wars or because of genocide and things like that. And there is a way that we interpret police and agents of the state and there is a way we see them. And of course, that being led with the real legitimate fear of deportation that generally exists for people.

So a lot of folks don't feel like they can speak out against the police or that they can resist the police when they're disappearing people. But then also a majority of that also has to do with a lot of us thinking that, “yeah, nah, them being disappeared from the community is actually good for them because they're not well in their head, so this is actually good for them”.

Them being tasered, them being pepper sprayed, them being disappeared, and then when they come back, they're being heavily medicated and sedated and they've lost independence or they've regressed in their health. But yeah, it's actually a good thing. Those are sentiments that do exist.

And I think that the police know that, and also a lot of Black people that are neighbours with disabled Black people know that, and they know that the ableism and the cynicism that exists in our communities will not allow in a lot of cases for non disabled Africans to show up for disabled Africans, even if they're being harmed by agents of the state or those who have deputised themselves to regulate their behaviour.

**Hamile:** It's heartbreaking on multiple levels because the thing that is actually interesting is it's not only those with diagnosed or undiagnosed mental illnesses that get disappeared from the community or that or experience that policing of behaviour both by agents of the state and non-Black people in general.

Anyone that has exhibited or does exhibit any signs of not Quote unquote, normal or anything that is not being seen as orderly has been harmed by saneism. So I don't know what or how one can begin to address the saneism and ableism that does exist.

Because also a lot of disabled African people have also internalised it to a point where there has been so many cases where a disabled African person will just see the saneism from the healthcare services as being "Oh, that's something that is for my own good".

So because of that, the harm that they're experiencing, they justify it with, "yeah, that's actually, I think they're doing it with, my best interest at heart. So that's okay.". When you have people who have experienced unimaginable trauma and you bring them here and the expectations is "okay, yeah, you know, the, there's no bombs that are raining down" or people that are militants, them dealing with militants and things like that.

**Hamile:** So they should be able to be okay and live and all these things, even when people don't have language for things, even when people don't have, regardless of whether they can speak the language or not, regardless of whether they have language or being able to theorise and articulate what they're experiencing and what they're going through or whatever.

Anti-Blackness and Afrophobia. It's something that they intimately know and it's something that they understand. And it's the same thing for ableism and saneism. A lot of the disabled African people, if not all of them, do know ableism. They do intimately know what the saneism is. And we see this all the time, whether there is, if there is a function in the community.

The family that has a disabled person is not bringing the disabled person to that gathering. We know this all the time. And so the invisibility that they experience and them not being seen and them only being seen in relation to containment or discipline, it's something that they know very well.

It's so messed up that even for those who have language for things, even for those who have education and things like that, who know that these dominant belief and prejudices that does exist, we have to move away from them. We need to do work to root them out and things like that.

**Hamile:** And the dominant narratives that exist about mental illnesses is something that really needs to be completely like dismantled in the community, but a lot of folks don't see it as an issue. Yeah, I don't know if I answered your question. I feel like I've spoken like multiple things, but yeah.

**Pauline:** Hamile Ibrahim, thank you so much.

**Hamile:** Nah, thank you. I hope I answered it. Sorry, it's just been like a really long iffy day for me. I hope, I know, I hope I came across okay and answered your questions, but thank you for your patience with me.

**Pauline:** You're listening to the Health Sovereignty Broadcast. 3C R's all day broadcast for International Day of People with Disability.

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